Date

MODIFIED PTO/SB/47 (07-03	
"FEE ADDRESS" INDICATION FORM	
Address to: MAIL STOP M CORRESPONDENCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
application. If there is a Customer Number already associa check the first box below and provide the Customer Number	Idress should be specified when the patentee would like a different address than the correspondence address for the ted with the fee address for the patent or allowed application, er in the space provided. If there is no Customer Number plication, you must check the second box below and attach a
Please recognize as the "Fee Address" under the provisions Customer Number:	
Dennemeyer & Co., LLC	
287	
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OR	
☐ Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).	
PATENT NUMBER	APPLICATION NUMBER
	09/902,752
Completed by (check one):	1 1/2
☐ Applicant/Inventor	tiles (1. Illion
	(/ Signature
☑ Attorney or Agent of record	David J. Cushing
(Reg. No.) Assignee of record of the entire interest. See 37 CFR 3.	Typed or printed name
Statement under 37 CFR 3.73 (b) is enclosed. (Form P	
Statement under 3. Cr. 16373 (a) is controlled. (1 offin 1	Requester's telephone number
☐ Assignment recorded at Reel Frame	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.

□ *Total of ____forms are submitted.